



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address:

Respondent Name:

ALIEF ISD

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number:

M4-13-1606-01

MDFR Received Date

FEBRUARY 26, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I'm requesting reimbursement for out of pocket expenses.

Amount in Dispute: \$203.34

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The request for reimbursement of prescriptions paid for out of pocket by the claimant have been denied as the prescriptions were not submitted to the Third Party Administrator (TPS) in a timely matter and are not prescribed by her workers' comp treating doctor. The TPA also contends the claimant elected to utilize her Group Health Insurance to purchase the prescriptions submitted for Medical Dispute Resolution."

Response Submitted by: JI Specialty Services, Inc., PO Box 26655, Austin, TX 78755

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 30, 2011 through November 30, 2011	Out of Pocket Expenses – Prescription Medications – Untimely Submitted	\$118.10	\$0.00
March 31, 2012 through November 23, 2012	Out of Pocket Expenses – Prescription Medications – Timely Submitted	\$85.24	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the procedures for injured employees to submit workers' compensation out-of-pocket expenses to the insurance carrier for reimbursement.
3. 28 Texas Administrative Code §134.504 sets out the fee guidelines for pharmaceutical expenses incurred by the injured employee.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - Neither party submitted EOBs for the disputed dates of service in dispute

Issues

1. Did the requestor submit the out-of-pocket expenses for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.307?
2. Did the requestor submit receipts of the out of pocket expenses to the respondent timely?
3. Is the requestor entitled to reimbursement?

Findings

1. In accordance with 28 Texas Administrative Code §133.307(c)(1)(A) a request for medical fee dispute resolution shall be filed no later than one year after the dates of service in dispute. Review of the dates of service in dispute find that dates of service August 30, 2011 through November 30, 2011 were not filed within one year from the date the Division received the dispute. Therefore, these dates of service cannot be reviewed. In accordance with 28 Texas Administrative Code §133.307(c)(1)(A) dates of service March 31, 2012 through November 23, 2012 were submitted timely and will be reviewed in accordance with applicable Division rules and the Labor Code.
2. The respondent has stated in their position summary that the "request for reimbursement of prescriptions paid out of pocket by the claimant have been denied as the prescriptions were not submitted to the Third Party Administrator (TPA) in a timely matter and are not prescribed by her workers' comp treating doctor." In accordance with 28 Texas Administrative Code §133.20(b) a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. The injured employee is not a health care provider and is not subject to 28 Texas Administrative Code §133.20(b).

The insurance carrier also states the prescriptions were not prescribed by the treating doctor. The treating doctor of record is Paul Michael Raymond, DC. The prescribing doctors are Dominic G. Sreshta, MD, Emmanuel C. Opara and Sarah E. Ramos. In accordance with 28 Texas Administrative Code §134.504(a), review of the information submitted with the request finds that there was no referral made to any of the prescribing doctors by the treating doctor included in the dispute package; as such, reimbursement cannot be made

The insurance carrier also states in their response that the "TPA contends the claimant elected to utilize her Group Health Insurance to purchase the prescriptions submitted for Medical Dispute Resolution." The respondent did not submit any documentation to support the injured employee's use of group health insurance to purchase the prescriptions; therefore, their argument is not supported.
3. Review of the submitted documentation finds that the requestor has not submitted a referral from the treating doctor to the three doctors prescribing the medications, for that reason, the requestor is not entitled to reimbursement for the service in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is not due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 3, 2013
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.